



## WAIVER AND RELEASE OF LIABILITY FOR

### CHILDREN UNDER 18 YEARS OLD TRAVELING WITHOUT PARENTS OR GUARDIAN

#### PARENTAL CONSENT

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in any Apostolic Christian HarvestCall (hereafter "HarvestCall") activities, events, retreats and childcare.

LIABILITY RELEASE: In consideration of the right to participate in a mission trip arranged for me by the HarvestCall, I hereby assume all risks of loss and will hold HarvestCall harmless from any and all liabilities, actions, causes of action, debts, claims, demands, damages, judgements, costs, loss of services, expenses, compensation and any and all other claims of damages whatsoever, of any kind or nature, both in law and in equity, which I now have or which may arise against the HarvestCall, whether connected with accommodations or in connection with my trip or participation in any activities arranged for me by HarvestCall. I hereby acknowledge I will be participating in certain risks and dangers in connection with the travel and activities involved in the mission trip arranged by HarvestCall. The terms contained herein shall serve as a waiver of liability of HarvestCall and the assumption of risk on behalf of myself, my heirs, executors, administrators, successors and assigns, for any and all known and unknown personal injuries, emotional trauma, death and/or property damage. The terms contained herein shall serve as a waiver of liability of HarvestCall and the assumption of risk on behalf of myself, my heirs, executors, administrators, successors and assigns, for any and all known and unknown personal injuries, emotional trauma, death and/or property damage. I understand that HarvestCall does not provide any insurance coverage for losses, sickness or injuries that may occur to me while participating in the mission trip. I am responsible for providing my own insurance coverage. I will be responsible for any travel expense should emergency transportation to return home become necessary. I am aware I am responsible for determining whether my present insurance coverage extends to accidents or illnesses which occur outside of the United States.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. The undersigned shall be liable and agrees to pay all costs and expenses incurred about such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by HarvestCall. My child/youth and I understand that SEAT BELTS MUST BE WORN ALWAYS (WHEN

PROVIDED) during transportation. The undersigned does hereby give permission for my child/youth to fly domestically and internationally on all airplanes, airlines or domestic and international carriers deemed appropriate by HarvestCall or a HarvestCall representative.

\_\_\_\_\_ x \_\_\_\_\_  
Name of youth Participant Signature of youth Participant Date

I acknowledge that I can access the Sexual Conduct Policy, the Child Safety Policy, and the Guideline for Work Teams at [harvstcall.org/resources](http://harvstcall.org/resources). I understand the rules and responsibilities and will talk with the youth participant about the policies and guidelines in a manner consistent with the child's maturity level.

\_\_\_\_\_ x \_\_\_\_\_  
Name of parent/guardian Signature of parent/guardian Date

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**YOUTH INFORMATION**

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female  
Nickname \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Youth Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION**

Name(s) \_\_\_\_\_  
Email(s) \_\_\_\_\_  
List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)  
Name \_\_\_\_\_ # \_\_\_\_\_ Type \_\_\_\_\_  
Name \_\_\_\_\_ # \_\_\_\_\_ Type \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ # \_\_\_\_\_ Relation \_\_\_\_\_  
Name \_\_\_\_\_ # \_\_\_\_\_ Relation \_\_\_\_\_

**MEDICAL INFORMATION**

**NON-PARENT/GUARDIAN EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

**PRIMARY CARE PHYSICIAN**

Name: \_\_\_\_\_  
Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_  
Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required)\_\_\_\_\_

**INSURANCE INFORMATION**

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy/Group ID#: \_\_\_\_\_ Policy Holder's Name (please print): \_\_\_\_\_

**MEDICATION:**

List all medications the youth will take during any youth ministry trips, retreats, or events.

Medication Name	Dose	Treatment for	Dispensing instructions_
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Over-the-Counter Medication Permission:** Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

**No.** Contact me or get medical help if my child has any minor medical concerns.  
Parent signature\_\_\_\_\_

**Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.  
Parent Signature\_\_\_\_\_

**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the Participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

## HarvestCall Image Release Form for Children and Youth

I understand that HarvestCall may take photos or video during work projects or activities. I give my permission

for HarvestCall to use images taken of me for use in communications, which may include by not limited to brochures, websites, emails, etc. If I prefer my image not be used for HarvestCall communications, I will give notification in writing to the project coordinator prior to the work project trip.

## **HarvestCall -- Covenant of Community Expectations**

The following rules and guidelines are equally binding on adult leaders/chaperones and youth.

### **NON-NEGOTIABLE RULES**

Any Participant failing to abide by these rules, at the sole discretion of the adult leader or HarvestCall representative, may be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time
- Coed visitation only in assigned community room
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- No breaking of any American laws in the United States or any other country.

### **GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY**

- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others always, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

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Child/Youth's Name (print)

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Parent/Guardian Name (print)

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Parent/Guardian Signature

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Date